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ABSTRACT

A survey of the members of the American Vocational Association-Health Occupations Education (AVA-HOE) was conducted to identify critical issues concerning health occupations, establish the order of priority of these issues, and determine a position regarding each issue that was reflective of the opinion of the AVA-HOE members. Each member of the AVA-HOE Critical Issues Committee served as a representative of the region in which he/she served and was given the responsibility of contacting a key person in each state in the assigned region. These key persons canvassed the AVA-HOE members of the states using an opinionnaire dealing with twenty-two major topics. The results of the survey indicated that levels of patient care, national and state leadership, accreditation and certification, program development, and teacher education were ranked as the top five issues across the nation. (The survey results by region and state are included in this report.) (JH)

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AMERICAN VOCATIONAL ASSOCIATION
HEALTH OCCUPATIONS EDUCATION
CRITICAL ISSUES COMMITTEE
SURVEY OF CRITICAL ISSUES
SEPTEMBER 1978

U.S. DEPARTMENT OF HEALTH,
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SURVEY OF CRITICAL ISSUES

I. INTRODUCTION

The intent of this survey was to offer each member of the American Vocational Association - Health Occupations Education (AVA-HOE) Section the opportunity to provide input into the functions of the organization through the Critical Issues Committee. All too often, an organization at the national level, and frequently at the state level, has lost touch with the membership and lack of efficacy results.

The Critical Issues Committee (CIC) became actively organized in September of 1977. The logical beginning point was to survey the current AVA-HOE membership to determine their concerns. Hopefully these concerns would serve as a foundation for future decisions and actions of the AVA-HOE section, and in turn would provide some feeling of effectiveness resulting from membership in this organization.

The survey was directed towards the three main purposes of identification of the critical issues concerning health occupations, establishment of the order of priority of these issues, and determination of a position regarding each issue that is reflective of the opinion of the AVA-HOE members. Statistically, the results are not valid for a variety of reasons. First, the number of members contacted and the number that responded was not recorded in all instances. Secondly, in those instances where such records were kept, the percentage of responses was far too low to assure validity. Certainly there are many more conditions of this survey which did not contribute to accurate statistical information.

However, it does achieve its purpose in that it reflects the thinking of those members who were actually contacted and who were willing to give the time to respond.

The CIC is grateful to all persons who participated in this survey. It is contributions of this nature which makes an organization an effective and useful tool for its members.

II. METHODOLOGY

This survey was conducted chiefly by written communication. A tool was constructed for data collection that was purposely designed to encourage original thinking. It allowed each member to voice his/her concern in the manner in which they perceive it. These opinionnaires were distributed to the AVA-HOE membership by the CIC in the following manner.

The members of the CIC were asked to serve as representatives of the region in which they resided. They were given the responsibility of contacting a key person in each state in the assigned region, and asking these persons to canvass the AVA-HOE members of that state using the opinionnaire.

The results in each state were compiled and returned to the regional representatives. The representatives, in turn, compiled the state results and sent them to the chairperson and co-chairperson who had the responsibility of determining the results on a national basis. The national concerns include reflections of the opinions of National Association of State Assistants of Health Occupations Education (NASAHOE) as well as the responding members of each AVA region. The committee liaison member from NASAHOE submitted their concerns.

This relatively unstructured method of surveying the membership was not without problems. As in any undertaking, the success of the project is dependent upon satisfactory communication of the plan and the extent to which each individual carries his/her responsibility. The survey was hampered many times by a breakdown in communications and failure to complete responsibilities.

The problem of grouping the issues according to main issues was one of the major difficulties encountered. It is hoped that in the interpretation of the results, an issue did not get lost or misconstrued. Undoubtedly this has occurred, but hopefully to no meaningful degree.

Uncertainty also occurred in identifying the priority issues. Since the data collection process allowed for originality, and no specific guidelines were given for compiling and recording the results, the issues were difficult to arrange according to importance.

However, an attempt was made in this report to reflect all concerns that were directed to the CIC. Major topics were determined and each opinion was placed arbitrarily under the major topic heading to which it best related. In some instances it was difficult to make this topic assignment as many of the opinions could apply well to several major topics. This fact compounded the already complex problem.

Once the number of opinions under each major topic were identified, they served as the foundation for computing priorities. Using the weighted value formula, priorities were established from this base of information.

III. Data Presentation

A. Participation

The following breakdown shows the number of states according to region that participated in the survey. N.R. refers to instances where the information was not recorded.

<u>Regions</u>	<u>States</u>	<u>Mailed</u>	<u>Responded</u>
I	Connecticut	N.R.	2
	Delaware	N.R.	0
	District of Columbia	N.R.	0
	Maine	N.R.	2
	Maryland	N.R.	0
	Massachusetts	N.R.	1
	Michigan	N.R.	0
	New Hampshire	N.R.	0
	New Jersey	N.R.	0
	New York State	N.R.	25
	Ohio	N.R.	0
	Pennsylvania	N.R.	0
	Rhode Island	N.R.	0
	Vermont	N.R.	2
	West Virginia	N.R.	3
II	Alabama	N.R.	N.R.
	Florida	N.R.	N.R.
	Georgia	N.R.	0
	North Carolina	N.R.	0
	South Carolina	N.R.	0
	Virginia	N.R.	0
III	Illinois	N.R.	N.R.
	Indiana	N.R.	N.R.
	Iowa	N.R.	N.R.
	Kentucky	N.R.	N.R.
	Minnesota	N.R.	N.R.
	Missouri	N.R.	N.R.
	Tennessee	N.R.	0
	Wisconsin	133	19

<u>Regions</u>	<u>States</u>	<u>Mailed</u>	<u>Responded</u>
IV	Arkansas	N.R.	0
	Louisiana	N.R.	N.R.
	Mississippi	N.R.	N.R.
	New Mexico	N.R.	0
	Oklahoma	N.R.	0
	Texas	N.R.	0
V	Alaska	0	0
	Arizona	0	0
	California	N.R.	0
	Colorado	N.R.	5
	Hawaii	0	0
	Idaho	21	7
	Kansas	N.R.	0
	Montana	N.R.	2
	Nebraska	N.R.	0
	Nevada	N.R.	0
	North Dakota	0	0
	Oregon	N.R.	0
	South Dakota	0	0
	Utah	50	6
	Washington	N.R.	0
	Wyoming	0	0

B. List of Major Topics

1. Accreditation/Certification
2. Administration of H.O. Program
3. Articulation/Mobilization
4. Civil Rights
5. Clinical Facilities
6. Communication
7. Consumer Education
8. Counseling/Guidance/Placement
9. Finances/Funding
10. Health Care Costs
11. Levels of Patient Care
12. Liability Insurance
13. Manpower-Demand/Supply
14. Minorities in H.O.
15. National/State Leadership
16. Program Development
17. Public Relations
18. Quality Health Care Delivery
19. Salaries
20. Student Organizations
21. Teacher Education
22. Unionism

C. Opinions on Critical Issues According to Major Topics

1. Accreditation/Certification Priority #3

a. Region I

- 1) Civil service examinations are geared to high school graduates from specialized schools as far as eligibility is concerned - federal, state, city. Working as intern for a year to meet the requirements and lowering the age to 18 in order to open most jobs to these students is suggested.
- 2) Uniform accreditation of health occupations programs as the current time and expense for individual accreditation is excessive. Also, there should be developed some type of certifying board and examination.
- 3) Specific educational standards should be established for licensing of all levels of HOE personnel.
- 4) Requirements for certification and licensure for graduates of health careers specialties should be worked out in advance of course offerings by institutions.
- 5) Professional status should not be achieved through educational credits only. A practical competency examination for R.N. and P.N. should be reinstated and licensing examinations should be tougher.
- 6) Clinical experience should be closely supervised by the state education department.
- 7) State and/or national AVA should be responsible for licensure of HOE workers.
- 8) Competencies for the BSN in education should be more uniform with higher level skills and educational principles.

- 9) Provisional certification on the basis of education should be allowed for nurses in public education.

b. Region III

1) Illinois

- a) Formally educated dental assistant is not recognized in the State Dental Practice Act. The consumer public is entitled to be guaranteed of quality care.
- b) The Illinois Dental Practice Act has rules and regulations being processed which will greatly affect the educational programs. The taxpayers have invested a large amount of money into 17 accredited programs which are deserving of recognition higher than the on-the-job trained individual.

2) Indiana

- a) Credentialing of health manpower should be statewide responsibility, then coordinated nationally.
- b) Upgrade nursing care by creating standards and specifications for Nurse Aide credentials which reflects the type of person and type of pay.

3) Iowa

- a) Licensure for dental assistants should be mandatory.
- b) Mandatory continuing education should be national in scope, standardized for approval and acceptance of each licensing board and the financial concern of the practitioner.
- c) There should be government regulation of health services and personnel with the certifying or regulatory board made up of knowledgeable workers in the field and consumers.

- d) Credentialing requirements are unrealistic. As examples, requirement for degrees for faculty, dual-certification of teachers in their speciality and for teaching needs to be a balance and the threatening demise of the LPN by professional nurses. The HOE division of AVA should review its position paper on nursing and modify it to encompass all health care personnel prepared under vocational technical education and through widespread dissemination, alert employers and legislators to the economic values of continuing to utilize these people - both in the interest of the employing agency, and prospective graduates.
 - e) The schedule for SBTP exams interferes with completion of program. We've altered the length of the 8th quarter and hope there won't be drastic changes after 1981 schedule of SBTP exam.
 - f) Certification for medical and dental assistants should include a desirable-in time requirement for practice.
 - g) Legislation for dental and medical assistants requiring certification in order to work and eliminate off the street persons.
 - h) Include the dental area in the accreditation process.
- 4) Kentucky
- a) A method needs to be established for keeping H.O. programs, teachers and administrators updated on the new essentials of the AMA Council on Medical Education-regarding HO Programs.
- 5) Minnesota
- a) The State Board of Nursing should control the rules and regulations on practical nursing programs -- not the Department of Education.

6) Missouri

- a) What really constitutes professional upgrading and improvement?
The need is to maintain competency and currency.
- b) Accrediting board makes it difficult to comply to their standards and does not take into consideration practicality for individual programs.
- c) There should be some regulatory restraints on dentists to get recognition for certified dental assistants. Guidelines or laws to allow only CDA's to perform certain duties in dental office will allow for professional and monetary recognition and increase the number of students.

7) Wisconsin

- a) Educators should evaluate ways to determine student success and employment. Are the follow-up surveys timed appropriately to evaluate these results?
- b) Clarification of standards for certification, licensure, accreditation, etc., should be studied and efforts made to consolidate rather than proliferate accrediting agencies. Most health programs are already surveyed by one or more agencies and the implications of an AVA accreditation would be devastating.
- c) Continuing education opportunities for small groups in rural areas must be supported with personnel and time. The Wisconsin "Rule of Twelve" (minimum registrants to offer a course) is contrary to the VTAE mission of providing educational opportunities for all. Travel and time are deterrents to seeking continuing education, but the need to update skills still exists. Is there an effort to determine which courses are really needed? How can this best be achieved?

c) Region V

1) Colorado

- a) All health personnel involved with service to patients should be trained and certified with competencies before they are employed. State mandates through appropriate legislation should up-grade the status of all students trained in an improved HO program.

2) Idaho

- a) Idaho is gradually moving towards mandatory C.E. to obtain certification

D. National Association of State Assistants

1. Review current status of Mandatory Continuing Education.
2. Identify implications for faculty, administrators and other HOE such as State Consultant/Supervisors.
3. Identify systems for providing continuing education.
4. Review and report to AVA and NASAHOE News

2. Administration of H.O. Programs --- priority #11

a. Region I

- 1) There is too much input from principals and assistant principals in vocational schools to control practical nurse programs.

b. Region V

- 1) Colorado

- a) There is very little support from office of education for HOE. We need centralized control as the direction is not clear.

- 2) Montana

- a) The importance of HOE needs to be communicated to administration. These people only can see in terms of numbers and affiliation with sports.

3. Articulation/Mobility

priority #8

a. Region I

- 1) True mobility should be achieved. Coordinating all influencing and influenced elements and establishing working relationships with the health system agency would assist in achieving this.
- 2) Reduce duplication of effort, remove barriers to progressive advancement, and utilize all available resources as efficiently as possible.
- 3) Vocational students are entitled to evaluation of vocational subjects with credit.
- 4) Credit must be given for post academic and real life work.
- 5) Students should get uniform credit for previous education - this would allow greater opportunity for upward mobility.
- 6) Need legislation - career ladder in nursing is jeopardised by pending education bills.

b. Region III

1) Illinois

- a) Articulation to facilitate upward mobility should be established; advanced placement and proficiency tests should be common.
- b) Core programs in community colleges that allow for transfer of credit for the ladder-lattice concept should be established.

2) Indiana

- a) Programs offered at the secondary level specifically for job entry level cannot be presently approved by the AMA and so career mobility is very limited.
- b) In some cases, there is an inability to move from one health occupations job to another. Matrix (lattice-ladder concept) with performance based curriculum should improve this.

- c) Improve the ladder concept for H.O. students by giving qualified students credit for their participation and be shown preference at the next step on the ladder.
- 3) Iowa
- a) There is a lack of flexibility to accept competencies already achieved. Ladder structure should be included in other programs besides nursing to allow for career mobility. Example: dental assistant into dental hygiene.
- 4) Kentucky
- a) In order to achieve career ladder articulation of HO in vocational education with other post secondary institutions, methods for determining credits and/or advanced placement for graduates of HO in vocational education should be established.
- 5) Minnesota
- a) Cooperation between all schools to develop curriculum for career ladder should result in better trained people. Federal government is lax in health career development dollars.
 - b) Coordination and cooperation between various levels of nursing to provide standards for fairness to each discipline and plan together for the future.
- 6) Missouri
- a. Career mobility and coordination and communication among professions would create available programs, transferable credit and evaluation of current knowledge as well as reduce fragmentation. There could be a better system to inform the public, school directors and superintendents about H.O.

- b) Entry level of R.N. into professional nursing should be settled so R.N.'s would know which way to go.

7) Wisconsin

- a) Advanced placement to secure a higher level position; and a change in career choices are the major reasons to have programs built on preceding ones. Articulation between baccalaureate and associate degree programs is necessary to fuse the curriculum to achieve the advanced placement goal. Health occupations educators must support and be prepared to take an active role in promotion of this concept.

c. Region V

1) Colorado

- a) Health programs must articulate to provide lateral and vertical mobility.
- b) There is a need to develop horizontal and vertical ladders; need to develop reliable challenge exams.
- c) Research to gather needed data for better articulation between secondary, vocational, technical, HOE programs is needed.

2) Utah

- a) Better communication of program information with other states to avoid duplication and improve awareness

4. Civil Rights priority #16

a. Region III

1) Missouri

- a) ANA should stay out of political issues such as ERA. Declining or moving the ANA convention from Kansas City because Missouri has not ratified ERA is absurd.
- b) Many instructors are threatened with legal action when a student fails and as a result there is difficulty in maintaining standards without being harrassed. Legal counsel to protect instructor rights is needed.

5. Clinical Facilities

priority #9

a. Region I

- 1) Health care facilities have an obligation to society to assist in providing trained manpower required for future demands.

b. Region III

1) Illinois

- a) Will the implementation of EBCE programs cause problems on work station for coop programs? I believe we may see some problems arising, especially if there are limited work stations for co-op. The professionals will be irritated with too many students to service.
- b) Practical nursing clinical experience is becoming more difficult to obtain. Not critical at present, but tighter scheduling necessary especially in obstetrics and pediatrics.

2) Indiana

- a) A comprehensive survey should be taken and an objective panel should strive to determine the number and kinds of H.S. students a medical facility might reasonably handle.
- b) A clinical coordinator for educational institutions would permit a person to scan facilities and take care of finding positions (slots before needed).

3) Iowa

- a) Rural facilities are being threatened by low census and government control.

4) Missouri

- a) It is difficult to obtain enough on-the-job training when hospitals are far away. The schedule needs to be adjusted to give the student more time for necessary experience.

5) Wisconsin

- a) There is a need to identify alternatives because there is a shortage of quality clinical sites partly due to the low patient census in some hospitals. Graduates must develop confidence in patient management; presently clinical experience is inadequate in relation to procedures and patient management. Clinical laboratory instruction is expensive and consideration may have to be given to reimbursement of student expenses by a clinical laboratory fee. If it is determined that some of the clinical learning situations can be taught through simulation, faculty must have time to develop these case studies utilizing instructional technology.

c. Region V

1) Utah

- a) Health care institutions need to become more involved in exploratory programs
- b) The AMA and the AHA need to make their facilities more available for the training of high school HOE students.

6. Communications -- priority #15

a. Region II:

1) Kentucky

- a) Newsletters should be provided to improve communication between AVA and H.O. sectional members regarding current issues.

2) Minnesota

- a) Communications' network on health trends, federal legislation and activities in other states should be established. Too often ideas are not forwarded or information is duplicated.
- b) Communication between AVA-HO officers and ANA or NLN should be improved.
- c. Increased amount of paper work and regulations cut down on patient care hours and is apparent in all areas.

3) Missouri

- a) Documentation creates too much paperwork and takes too much time.

4) Wisconsin

- a. Are the surveys which are flooding the schools really necessary? Do they duplicate other studies which have been done previously? It seems that there is a lack of coordinated research/study efforts with minimal communication prior to planning. This results in duplications and omissions rather than

rather than an integrated network of research. There is need for a clearinghouse and coordinating authority to assure that studies are worthwhile according to long-range national and state goals. Persons completing surveys never get results which would assist in the communication process.

7. Consumer Education -- priority #7

a. Region I

- 1) HOE needs their role defined in working with other disciplines in educating the public in regard to preventive and curative health care.

b. Region II

1) Florida

- a) All of our assumptions about health care delivery must be reexamined in the light of discontinuity between consumer values related to costs of health care delivery and the traditional "Do everything that can be done to continue and/or improve life."

c. Region III

1. Illinois

- a) Educators should take the lead in health education as the majority of citizens have little or no knowledge of health maintenance or prevention of disease.

2. Indiana

- a) H.O. service areas extended into junior high health classes for self-care projects.

3. Iowa

- a) What is to be the designated role and responsibility of HO Consumer ed.? Health education needs more attention and should be offered by personnel prepared in the health field.

d. National Association of State Assistants

- 1) Contact other groups which are active in consumer education such as Business and Office; Agriculture; T & I; D & H and D.E. regarding joint concerns.
- 2) Identify consumer groups which include health care agencies that are concerned with consumer education.
- 3) Ascertain from Public Health Service if there is a designation within the service for consumer health education.
- 4) Identify health occupations educators who hold membership in consumer groups.
- 5) Develop a position paper relative to the role of Health Occupations Education in consumer education.
- 6) Urge legislative change within vocational education to isolated consumer education as a separate entity so that it becomes an integral part of all vocational education.
- 7) Report to AVA of activities.
- 8) Provide progress articles for NASAHOE News.

8. Counseling/Guidance/Placement priority #9

a. Region I

- 1) The incentives for health organizations to accept, hire and utilize the abilities of individuals with training needs to be increased, as many persons with no or minimal training in health careers are hired, and are insensitive to the client's needs.
- 2) Provide accurate information to potential students by improving communications with guidance counselors, publicizing the need for health careers in school bulletins, and providing career information and exploration K-12.

b. Region III

1) Illinois

- a) How does the selection criteria need to be modified? Are objective criteria sufficient? If not, what subjective criteria need to be developed?

2) Indiana

- a) Counselors lack knowledge about the H.O.E. programs due to insufficient P.R. and communication with them.

3) Iowa

- a) Recruiting and pre-entrance work should be directed towards the non-traditional student.

4) Missouri

- a) Student selection is a problem as vocational subjects are dumping grounds for less intelligent students.

5) Wisconsin

- a) Pre-admission standards and student recruitment should be the responsibility of program personnel rather than guidance personnel. It is difficult to learn the "concept of nurse" if you have never been a practitioner. The results of this change in programming would be compatibility of student with program with a decrease in attrition. The cost of attrition should be studied. An effort should be made to provide high school students and the community with more accurate and in-depth career information. Some enrolled students do not have adequate program information. Potential students should have a clear understanding of the educational program, job requirements, and should be able to assess their own abilities in meeting these requirements.

c. Region V

1) Colorado

- a) Efforts are inadequate among counselors to promote new health careers and advise students of necessary prep courses. Future demand cannot be filled unless more activity occurs in promotion of these areas.

2) Utah

- a) Secondary school counselors need to back local HOE teachers. More orientation needed.
- b) AHA needs to encourage more placement of HOE students. Hospitals generally carry little responsibility in secondary HOE.
- c) ANA & UNA need to be involved in student placement.

9. Finances/Funding -- priority #5

a. Region I

- 1) Funding for nursing education in BOCES-approval of NYSHE funding should be restored.
- 2) The heavy funding of CETA as compared to the lesser funds for prevention of "drop-outs" in vocational education reflects discrimination.
- 3) Students seeking an LPN education rely on loans, grants, WIN, CETA etc. to finance their 10 month program.
- 4) Need financing for research studies and curriculum development such as curriculum studies, and standardization of titles according to functions and educational requirements.

b. Region III

1. Illinois

- a) Programs which are training individuals to serve the public should receive a higher than average funding.

2) Indiana

- a) Funding for vocational programs should be increased.

3) Iowa

- a) It is going to be difficult to hang on to the money we have and we need more.
- b) In order to generate funds for new and existing programs we need increased state aid, a list of funding sources, workshops for grant proposal writing, and legislation contracts.
- c) More funds should be available for all health programs.
- d. Keep up and increase funding.

4. Minnesota

- a. There is a lack of coordination between sources of federal funds which need to be reorganized.
- b. Teaching should be done effectively to use tax dollars wisely.

5. Missouri

- a. Money is getting more difficult to obtain and is so necessary for good H.O. programs. Use innovative methods in HO education to achieve maximum money efficiency.

6. Wisconsin

- a. Funding for vocational education at the state should be based on assessment of the need for associate degree programs versus the community need for vocational-diploma health workers. The authority for federal funding for vocational education, although not specific for health occupations, should be vested in the Office of Education not the Department of Labor. Vocational education should be represented in the Office of Education.

c. Region IV

1) Mississippi

- a) Costs for allied health program to meet the essentials for accreditation will be too expensive for small schools.

d. Region V

1) Colorado

- a) Additional funds for high cost HOE programs are needed and very little is available.

2) Utah

- a) Ninth and tenth grade students should generate funds so the overview program could be presented at this level. Specialization needs to be emphasized for high school students. The overview program needs to be presented with this emphasis, so students can better and earlier select their specific training area.

10. Health Care Costs

priority #6

a. Region I

- 1) Increased cost of health care needs to be controlled. Waste and duplication such as occurring in Medicare health insurance contributes to costs. Employees are underpaid.
- 2) More money should be spent on the education of the public to reduce these costs.
- 3) There are inequities in the ability to afford health care. Some form of national health care insurance where everyone will have access to complete medical care is needed.
- 4) Planning for needs and providing funds which can be shifted to where they are needed could help correct some of the inequities.

b. Region II

1) Alabama

- a) So call "socialized medicine" would have an impact on certain areas of health job opportunities. Careful planning and predicting what fields will be influenced both positively and adversely should be implemented to avert critical shortages in certain fields. Teachers in HOE could place emphasis on these skills required in areas where job opportunities will be in greatest demand.

c. Region III

1) Indiana

- a) Cut health care costs and provide qualified staff by teaching high school students and interested adults basic skills for at home or assistant level positions in health agency.

2) Iowa

- a) Health services should be available to everyone regardless of circumstances. Neighborhood clinics should be set up throughout the U.S., manpowered by multidisciplines, including, but not limited to physician participation.

3) Minnesota

- a) Physicians have too much control of health care, resulting in profit rather than adequate service.
- b) Health care costs are increasing and need to be kept down.
- c) Third party payment for health care should provide for a choice of physician without being charged unrealistic prices.

4) Wisconsin

- a) This is a much-discussed issue and the causes identified are competition between hospitals and medical/dental practitioners and high public expectations of medical/dental care. The question was raised whether the health professions could justify the continuing rising costs without corresponding improvement in the quality of care.

d. Region V

1) Idaho

- a) Costs are rising too fast. We are wondering if educational changes and C.E. requirements might cause even more increase.

11. Levels of Patient Care

priority #1

a. Region I

- 1) The phasing out of the P.N. programs is not geared to providing educational programs to meet the needs of society.
- 2) There is not conclusive research to indicate that educational change in preparation of nurses will improve health care to the patient.
- 3) The 1985 proposal will necessitate higher salaries and budget with all nursing personnel on the collegiate level.
- 4) All nursing preparation on collegiate level indicates more scientific theory, less clinical experience and patient contact. No evidence of curriculum writing.
- 5) Cannot put P.N. program into Associate Degree setting as it is now structured.
- 6) Conflict still exists among the R.N.s who do not agree with the 1985 proposal.
7. Higher education (college) not necessary for all levels of patient care.
8. Phasing out the P.N. will drain a pool of workers that are essential to lower cost.
9. Good patient care will happen if LPN education is eliminated.
10. Will the consumer be able to afford this person when the LPN skills are adequate to meet the nursing needs?
11. How will P.N. phase out effect the role of the nurse aide? Will P.N. be a glorified N.A.?

b. Region II

1) Alabama

- a) L.P.N's should be trained at an increased level as demands

increase for nurses. There are duties and tasks in the health field that can be served by L.P.N.'s just as efficiently as an R.N. With the rising cost of health care and the need for health care workers, let us fight to keep the L.P.N. program.

c. Region III

1) Illinois

- a) Trend towards fully degreed programs in nursing is growing; extreme views indicate only fully degreed people in nursing field; eliminating A.D., P.N., aides, etc. Some state laws being written this way.

2) Indiana

- a) The position of AVA and the state of Indiana regarding the phase out of different levels of nursing need to be clarified in order to adequately counsel students.
- b) Since the nurse is being phased out in the hospital, propose and implement a program for a "Health Assistant."

3) Iowa

- a) If problems are not resolved between AORN's and AORT's and if tech is not able to pass certifying exam, the ORT programs should be discontinued. (Question validity of exam)
- b) What will happen to the PN and ADN programs by 1985?
- c) Practitioners as a part of a team independent of a physician. Medical doctors reap untoward benefits because most rules and regulations are written with the M.D. as the ultimate head, even though they may or may not be knowledgeable in the area of the practice.

- d) Programs for practical nursing should be kept at 11 months for this level of practitioner and not be eliminated.

4) Minnesota

- a) The LPN program should be kept in the vocational schools. There is a definite need for LPN's to meet quality nursing care at affordable salaries.
- b) What is the role of the N.A. in the future? Board of Nursing needs to recognize this level of nursing. Training should be required with minimum of 3 weeks. Job descriptions may show over utilization.

5) Missouri

- a) How will the role of the the LPN fit into primary nursing care?
- b) ANA is not supporting practical nursing which should be brought up for support and action.

6) Wisconsin

- a) "Are job descriptions clearly defined for the various levels of nursing?" and "Do employers perceive the need to identify the skills required for the different levels of nursing?" are two questions asked by the respondents. Opinions regarding the establishment of only two levels of nursing and the retention of the licensed practical nurse were rendered. One suggestion was the expansion of the practical nurse to two years and establishment of a five year requirement for the baccalaureate program. Concern for the overlap in the patient care situation is the major reason for the need for the delineation of responsibilities. Guidelines are also needed to assist in delineation of roles in other health occupations

areas. The question of the need for "aide-level" workers was raised.

d. Region IV

1) Mississippi

a) Concern is expressed toward trends of eliminating the L.P.N.

e. Region V

1) Colorado

a) All levels of nursing are needed.

2) Idaho

a) Idaho is seriously considering two levels of nursing - 2 year and 4 year plan - to replace LPN, diploma and ADN programs. Vocational educators are less in favor than academic educators.

f. National Association of State Assistants

1) Review current status of the implementation of the AVA position paper.

2) Provide an update for AVA and newsletter.

12. Liability Insurance

- priority #14

a. Region I

- 1) AVA liability insurance does not cover instructor in hospital. Better liability insurance is needed.

b. Region III

1) Missouri

- a) Insurance should not be mandatory for membership in professional organizations.

13. Manpower - Demand/Supply - priority #8

a. Region I

- 1) National, state and local studies are needed for determination of manpower needs.
- 2) Persons are being trained in health careers for which no job opportunities are available in their area and who are not mobil.
- 3) State of change - these changes often require recognition of abilities and skills of allied health workers - A solution would be redefinition of titles.
- 4) There is a need to establish clearly defined occupational roles and responsibilities in order to provide career counseling with the goal of meeting manpower needs.

b. Region II

1) Florida

- a) Health occupations educators need to justify every program continued. Accountability for administrators should include a reasonable expectation of employment for successful completers.

c. Region III

1) Illinois

- a) Currently not playing a very important role in identifying needs and concerns. We need to decide what our role in HOE is in relation to health manpower needs.

2) Iowa

- a) Supply of personnel for jobs should be adequate without being too many. New opportunities for old professions should be encouraged.
- b) There needs to be an appropriate survey tool constructed and

distributed to identify state needs for HO personnel.

3) Wisconsin

- a) "Futures" planning is necessary to discover emerging health occupations and begin to plan for the education of these workers.

d. Region V

1) Utah

- a) The place of teenagers in the medical setting needs better definition.

14. Minorities in H.O. Programs

priority #10

a. Region III

1) Illinois

- a) Need to identify areas in which individuals with handicaps cannot practice (identify by handicap and state limitations.)

2) Iowa

- a) Though the opportunities for the disadvantaged and handicapped are being broadened to some measure, it should be expanded with the realization that requirements for health workers will preclude a wide open approach.
- b) In all areas such as students, teachers, instructional materials, etc., there should be an expanded awareness of, and follow-through on the mandated anti-sex stereotyping in health careers.

3) Missouri

- a) Bicultural preparation of students for health occupations is needed as there are many applicants who have defects in their past education.

4) Wisconsin

- a) Jobs within the health occupations that are safe for handicapped person should be identified and consideration given to the fact that hiring these persons must be economically feasible for the employer.

b. Region V

1) Colorado

- a) There is a need for development of effective strategies to recruit and retain ethnic minorities in higher salaried health occupations.

c. National Association of State Assistants

- 1). Compile a bibliography of current publications.
- 2) Investigate and/or develop guidelines that are applicable to health occupations education.
- 3) Provide a report for AVA and NASAHOE.

15. National/State Leadership

priority #2

a. Region I

- 1) National leadership representation for health occupations. More positions needed in HEW. Many less critical issues could be resolved with this legislative pressure for action.

b. Region II

1) Alabama

- a) Representation is selected from same people area resulting in a lack of involvement in statewide issues.
- b). Need more help to get AVA-HOE moving. Since the section is small, there are limited monies for attendance at workshops and conventions and newsletters to keep members informed. More is needed from AVA than a monthly magazine. Membership will increase when people can see they are getting something for their money.
- c) By-laws need to be changed in the AVA to permit people to serve on committees and in different offices. Today one cannot run for an office unless they are on a committee and these committee members are appointed. Just a few keep control by changing positions.

2) Florida

- a. H.O. educators need to take political action in decisions or accept the fate that befalls.

c. Region III

1) Illinois

- a) Need to work to effect legislation to require formal education of most aides and better salaries to improve status of secondary health occupations education and entry level health occupations workers.

- b) More program leadership in the U.S. office and communications at all levels are needed. H.O. educators should voice discontent to the U.S. Commissioner of Education on all issues.
 - c) Sharing of knowledge and literature; representation at meetings should be implemented to improve communications between members of various health occupations.
- 2) Iowa
- a) Need for effective leadership for HOE in the U.S. Office of Ed. The size and scope of activities in the HOE field requires more professional and direct attention than now exists. Currently, communications from that office are practically non-existent.
 - b) There should be more legislation concerning health occupations with the stand based on the issue.
- 3) Minnesota
- a) AVA-HO needs to be more outspoken on the practical nurse issue. Members need a reason to belong.
 - b) AVA-HO should have viable and beneficial programs and purpose for members to provide motivation to attend.
- 4) Missouri
- a) Need to join organizations such as ANA but present dues are prohibitive, and may result in loss of membership rather than gain.

d. Region IV

1) Louisiana

- a) Implementation of a full time staff position within AVA would provide the basis for better communication.
- b) H.O.E. needs to enjoy sectional status, otherwise planning and supervision of some health programs will be pre-empted by other sections.

e. Region V

1) Utah

- a) More classroom teachers need to be allowed to attend conferences rather than administrators
- b) Federal money needs to be allocated to send classroom teachers to AVA in order for them to be more involved.

16. Program Development

priority #3

a. Region I

- 1) Open new areas in health occupations. Areas may be saturated in ten years.
- 2) Increasing fragmentation and specialization of health care delivery system results in invested interests and overlapping of content and skills. There is a need to coordinate curricula and services more closely within a climate of increasing health care costs and divisive legislation.
- 3) A set of minimum standards relative to HOE programs at all levels and for all segments should be developed.
- 4) Vocational educators should participate and develop job training programs jointly with the Department of Labor. Education can best be achieved in a class room setting with professional educators - better working relationship with cooperative effort.
- 5) Cooperate effectively with the Department of Labor and unions in expanding apprenticeship programs in the health field and still maintain realistic professional standards.
- 6) HO apprenticeship programs is moving rapidly in large metropolitan areas where health care is highly unionized, and at the federal level.
- 7) A course of study should be commensurate with job outcome and salary level - directed towards employability. Frequently it is filled with unnecessary content - not keyed to actual job skills. Unfair to have student complete a course of study and end up with entry level low salaried job.
- 8) More sensitive preparation of the health assistant to the needs of the client, especially the elderly. Preparation in psychological

aspects of aging, death and dying and mental changes of the aging are so minimal that the clients' needs are not met in the clinical area.

- 9) Outdated curriculum should be revised to more accurately reflect current practices.
- 10) Curriculum criteria should be developed for working with handicapped student because of the type of work required by the student.
- 11) Periodic reevaluation should be carried out to determine the direction of each H.O., ie., scope, responsibility, area of employment.
- 12) Define core curricula between different H.O. programs in order to utilize faculty member with greatest expertise to teach "like" subjects.
- 13) Programs should provide for preparation of students under 18 years of age working in home care facilities. This preparation should include clinical experience

b. Region II

1) Alabama

- a) Teaching and promoting good health habits, physical fitness, nutrition, etc. is important to perspective health career students to enable them to better care for their patients.

c. Region III

1) Illinois

- a) Need more competency based curriculum in all health occupations teacher areas and share through the national E.C.C.M.C.
- b) We should proceed slowly (if at all) in fragmenting the health occupations still further. Programs are being developed for cardiac exercise technicians, dialysis technicians, etc. at the C.C. level. Is this the most economical way to prepare health occupations practitioners in narrow areas of practice, or might

this better be accomplished through inservice education within clinical facilities?

- c) Since there is little to no accessibility to upper division nursing in southern Illinois, off-campus centers for present BSN/MSN programs or a new one should be developed.
- d) Acceptible standards for aides and orderlies should be established for courses/programs to be used statewide.

2) Indiana

- a) State vocational boards should mandate faster implementation plans for competency-based curriculum for all levels of health occupations.
- b) Practical nursing curriculum should be increased to meet the expectations of the employees.
- c) There seems to be great confusion as to the true purpose of H.O. programs in that some are for career exploration and others for low job entry level and also others to generate credit so that students might graduate from H.S; clarification is needed at the secondary level to determine if these H.O. programs are fulfilling their mission.
- d) In order to cut costs of educating personnel for health agencies, shared skills should be identified and personnel trained together.
- e) There is a lack of short term courses for H.O. such as the eleven-week courses. Core programs or curriculum that do not involve courses for screening for other H.O. programs should be emphasized. This helps attrition and self image as these short course spell success.
- f) Texts and A-V material for the nurse aide is lacking.

3) Iowa

- a) Equal education regardless of institution, should be assured thru standardization of health programs.
- b) Educators should be consulted as to input into rules for continuing education. Continuing education must be based upon the individual's needs and specific competencies.
- c) Programs preparing students in health need to be concerned with the number of students in a clinical setting and number of teaching preparation.
- d) Due to the insufficient number of H.O. exploratory programs, more of such programs need to be designed at the secondary level offering.
- e) There should be a statewide criteria established on optimum teaching load for nursing faculty. Thirty contact hours are too many.
- f) Workshops should be presented with partial employer or government funding and partial employee funding to up-date workers in the field.
- g) There should be a continued effort to identify the competencies of the various allied health fields and then provide competency based instructional materials, clinics, etc. As HOE should be competency based.
- h) Existing programs should be evaluated according to standardized criteria in order to assess and assure their quality.
- i) The country cannot continue to expect higher education to teach the basics that the graduating secondary education students have not gained.

- j) Preparatory education with ladder concept should be considered that would allow health worker to spin off at desired level, with the ability to reenter the program without loss of standing if they wish to upgrade. Example: nurse aide to licensed practical nurse to registered nurse to a bachelor of nursing science.

4) Minnesota

- a) The length of the PN program should be established. Should it be lengthened or shortened?
- b) Roles of the LPN across the state should be unified with identical standards to fulfill competencies.
- c) Health professions should not continue to be splintered or fragmented.
- d) Rural experience is needed for students so they have the incentive to work in smaller communities.
- e) Competencies agreeable to the Board of Nursing should be established.
- f) There should be more emphasis on developing high medical ethics and standards for responsibilities in health career preparation of students as there is an irresponsible attitude presently at the professional and nonprofessional level.
- g) Instructor-student ratio of 1-10 makes it impossible to teach safe patient care.
- h) Secondary HOE should be more career exploration and not a nursing assistant program. HOE should regulate this closer.
- i) Advisory boards should be utilized with better communications to provide better functioning graduates.

5) Missouri

- a) The good student is cheated in the necessity of having to spend so much time recording every action of the poorer student in case of legal action, and results in classroom discipline problems.
- b) Health Occupations are proliferating so rapidly and fragmenting the care of the patient.
- c) Updated booklet on H.O. reference material, especially about new health careers, requirements and history would be helpful to the H.O. instructor.
- d) There needs to be more emphasis given to the communities and train students in all health careers. Too much emphasis is being placed on the Nurses' Aide Training.

6) Wisconsin

- a) Irresponsible planning was stated as the reason for the over-proliferation of health occupations programs in close proximity to one another. The only program which should be expanded to every community is the training for the Emergency Medical Technician. Personnel should be available in every community because it has been proven that many lives can be saved with proper care at the scene of the accident.
- b) Teacher concerns varied from curriculum decisions, such as -
 - 1. Operating room experience included in the nursing program;
 - 2. CPR requirement for every health worker;
 - 3. Emphasis on prevention of disease rather than cure to increasing program length and independent study as the only option for health occupations students.

- c) To determine curriculum relevance, practitioners and clinical instructors should be interviewed. Flexibility is needed in entry and exit points in health occupations programs. The need for associate degree programs rather than vocational diploma programs which might serve community needs should be examined. Future educational directions should be determined thru an in-depth study of all health occupations programs.
- d) A study of the time needed for preparation for laboratory classes in the health occupations area and in-service courses in course development, writing objectives and student counselling are needs expressed by teachers. Previous sessions have been ineffective because they have been too general. Specific successful techniques for dealing with angry, frustrated, habitually late students might be shared in a workshop with other health occupations educators in the state.

d. Region V

1) Colorado

- a) Competencies for every health program should be defined for use in pre-entry counseling as well as evaluative milestones throughout the program. Resource identification and sharing and full time staff to research and record competencies are needed.
- b) A central resource area for H.O. instructors to up-date, implement, and facilitate additions to curriculum.

2) Utah

- a) Local school districts need to develop criteria for HOE classes. Clinical realities are ignored as to space availability and class sizes. State nursing guidelines ignored.

17. Public Relations

priority #12

a. Region III

1) Illinois

- a) Public relations program to create awareness for vocational education as a means of training health person power.
Consumers of graduates unaware of vocational education's potential.
- b) To gain identity with health field as currently looked down upon as "weaklings."

2) Indiana

- a) "Vocational" still has the "dumb" connotation to the public.
Apparently we need to better educate the public.
- b) We need to educate the health institutions of the role of vocational education.

3) Iowa

- a) We must continue to up-grade the image of allied health programs, the need for trained practitioners and the benefits of such an education.

4) Wisconsin

- a) Concern was expressed about professional relations, specifically the nurse-physician relationship. The consumer notion that the physician is "God" and the nurse "Handmaiden" is still prevalent. Assertiveness training might eliminate some of the apologies for power needs that nurses express.

b. National Association of State Assistants

- 1) Publish an article in NASAHOE News regarding the activities and role of Health Occupation Educators in Health Systems Agencies.

18. Quality Health Care Delivery

priority #13

a. Region I

- 1) Health care services need to be expanded outside of the hospital environment. Competent home and community health care aides are needed.
- 2) Lack of basic nursing care in institutions obsessed with technology. Every prospective nurse - whatever the title - should begin with correct nursing procedures.
- 3) Establish an arm of the hospital cost commission or department of health to evaluate techniques used by health personnel.
(all levels in hospital)
- 4) Assign health personnel to areas without health care delivery due to lack of doctors and/or over-burdened services.

b. Region III

1) Illinois

- a) Citizens are concerned with lack of PHN or health department - counties should be surveyed; work thru state government to assist local government to achieve desired goals.
- b) Immunization level is dangerously low throughout state - initiate immunization programs or actively assist those in progress; activate one in areas of concern.

2) Indiana

- a) Performance based curriculum needs to be developed in order to eliminate incompetent personnel in health agencies.
- b) Qualified personnel for home care would encourage more participation in good health care at home and less dependence on health agencies, thus avoiding over crowding health agencies.

3) Missouri

- a) Some educators see no role for the Nurses' Aides in the future with the acceptance of the primary nursing care concept.

4) Wisconsin

- a) Health workers must assume responsibility for providing quality care and health educators should assess care rendered and coordinate it with educational programming. The supply and demand for health workers should be studied. There is need for an in-depth study to provide statistics which would include all levels of workers, utilizing uniform titles.
- b) Government insistence on documentation reduces time in direct patient care.

19. Salaries priority #16

a. Region III

1) Iowa

- a) Funds should be available to supplement the wages of many health practitioners, too often the doctor reaps the monetary benefits. There should be a more equal distribution of the fee for services.

2) Missouri

- a) In some rural areas, teacher salaries are very low.

20. Student Organizations priority #6

a. Region I

- 1) More health career clubs are organizing. Students in health career programs need time to pursue extracurricula activities.

b. Region II

- 1) Alabama

- a) Students should be allowed to assume more leadership in HOSA.

c. Region III.

- 1) Illinois

- a) Student organizations should be strengthened; may also bring teachers together in a common cause.

- 2) Indiana

- a) H.O. youth organizations should be reflective of the students needs. Youth of current member states should decide their future (goals, program of works, uniform, etc.)
 - b) We need to support efforts for a strong local and state HOSA organizations.

- 3) Kentucky

- a) How relevant is HOSA to implementing goals of health occupations? Is HOSA effective in establishing interdisciplinary communications and correlate efforts of respective health occupations.

- 4) Missouri

- a) A U.S. Manual stating all schools of a club, organization, etc. may help to unify H.O. programs and activities.

d. Region V

- 1) Colorado

- a) A committee should be organized to determine a theme for H.O. display at VICA State LC & SO. This theme to promote

student leadership abilities in HOE and encourage relating with other state health agencies.

2) Montana

a) Students in vocational education clubs need more recognition.

21. Teacher Education priority #4

a. Region I

- 1) Teacher education of H.O. needed at Universities for every region of the state (Ohio)
- 2) HOE teacher educators are needed - still under T & I in some areas.
- 3) There should be a uniform course of study throughout the states for HOE teachers in order for them to move from one school to another.

b. Region II

1) Alabama

- a. Certification of present H.O.E. instructors in order to have obtainable concise, written requirements for teachers with varied backgrounds.

c. Region III

1) Illinois

- a) HO teacher education programs should be established to prepare teachers for secondary and post-secondary.
- b) Minimum standards for HO teachers should be established to facilitate teacher mobility.
- c) H.O. teachers should be certified to include practice, recent work experience, teacher preparation course.
- d) Are the number of professional hours required for certification realistic? Where will they come from? Right now it is often that school nurses are the only ones to have the required number of hours. It is a rare science teacher that has health occupations work experience. I'm sure many nurses do a good job, but they may be inclined to limit health occupations to nursing.
- e) Lack of commitment and expertise to identify goals.
- f) Need more incentive for health professionals to pursue teacher education.

2) Indiana

- a) There is a lack of qualified teachers in health occupations. Sharing facilities and identifying overlap areas may help improve this.
- b) Teacher education needs to be competency based and flexible enough to accomodate experienced, inexperienced and inservice needs.
- c) Newsletters should be sent to all AVA-HO members following national conferences and special HO meetings as well as to participants in order to better coordinate resources at the national level for H.O. educators.

3) Iowa

- a) Increase the number of HOE personnel that have occupational and teaching competencies completed at the time of employment to fill the lack of instructors.
- b) Annual evaluations of H.O. instructors should be conducted by neutral persons to increase positive feedback.
- c) There is difficulty in finding qualified teaching staff for H.O.

4) Kentucky

- a) Inservice and pre-service programs should be developed and accessible to students and teachers to better effect quality preparation and teaching.

5) Minnesota

- a) There is an over abundance of people in Nursing Education Departments of hospital which may be necessary but if not the patient should not be paying for them.

6) Missouri

- a) Vocational classes required by the state should be eliminated. Classes towards a degree or beneficial to the profession should be encouraged or required. State money to assist should also be available.

7) Wisconsin

- a) There is a need in Wisconsin for master's degree programs to prepare nursing instructors and administrators.

d. Region IV

1) Louisiana

- a) In order for H.O.E. to experience greater autonomy and calculated growth, a university program is necessary.

22. Unionism priority #17

2. No opinions given.

D. Critical Issues According to Priority Rating

1. Priority Issues Nationally

1. Levels of Patient Care
2. National/State Leadership
3. Accreditation/Certification
Program Development
4. Teacher Education
5. Finances/Funding
6. Health Care Costs
Student Organizations
7. Consumer Education
8. Articulation/Mobilization
Manpower- Demand/Supply
9. Clinical Facilities
Counseling/Guidance/Placement
10. Minorities in H.O.
11. Administration of H.O. Programs
12. Public Relations
13. Quality Health Care Delivery
14. Liability Insurance
15. Communications
16. Civil Rights
Salaries
17. Unionism

2. Priority Issues According to Regions

a. Region I

- 1) Accreditation/Certification
- 2) Levels of Patient Care
- 3) Articulation/mobilization
Manpower-Demand/Supply
- 4) Health Care Costs
- 5) Finances/Funding
- 6) Counseling/Guidance/Placement
National/State Leadership
Teacher Education
Quality Health Care Delivery
- 7) Clinical Facilities
- 8) Consumer Education
- 9) Administration of H.O. Programs
Liability Insurance
Student Organizations

b. Region II

- 1) National/State Leadership
- 2) Consumer Education
- 3) Manpower-Demand/Supply
Teacher Education
- 4) Student Organization
- 5) Levels of Patient Care
- 6) Program Development
- 7) Health Care Costs

c. Region III

- 1) Program Development
- 2) Accreditation/Certification
- 3) Articulation/Mobilization
- 4) Levels of Patient Care
- 5) Teacher Education
- 6) Clinical Facilities
- 7) Finances/Funding
- 8) Health Care Costs
National/State Leadership
- 9) Communication
- 10) Student Organizations
- 11) Quality Health Care Delivery
- 12) Public Relations
- 13) Consumer Education
- 14) Minorities in H.O.
- 15) Manpower - Demand/Supply
- 16) Salaries
- 17) Civil Rights
- 18) Liability Insurance
Unionism

d. Region IV

- 1) Levels of Patient Care
National/State Leadership
- 2) Finances/Funding
Teacher Education

e. Region V

- 1) Levels of Patient Care^s
Administration of H.O. Programs
- 2) Accreditation/Certification
Articulation/Mobilization
Counseling/Guidance/Placement
Program Development
Student Organization
- 3) Finances/Funding
- 4) National/State Leadership
- 5) Clinical Facilities
Minorities in H.O.
- 6) Health Care Costs
Manpower - Demand/Supply

f. National Association of State Assistants

- 1) Levels of Patient Care
- 2) Minorities in H.O.
- 3) Consumer Education
- 4) Public Relations
- 5) Accreditation/Certification

3. Priority Issues According to States

a. Region I

Results were tabulated by region only.

b. Region II

1) Alabama

- a) National/State Leadership
- b) Teacher Education
- c) Student Organizations
- d) Levels of Patient Care
- e) Program Development
- f) Health Care Costs

2) Florida

- a) Consumer Education/Control.
- b) Manpower - Supply/Demand
- c) National/State Leadership

c. Region III

1) Illinois

- a) Teacher Education
- b) Articulation/Mobility
Program Development
- c) National/State Leadership
- d) Accreditation/Certification
Clinical Facilities
Public Relations
Quality Health Care Delivery
- e) Consumer Education

- e) Counseling/Guidance/Placement
 - Financing/Funding
 - Levels of Patient Care
 - Manpower-Supply/Demand
 - Minorities in Health Occupations
 - Student Organizations

2) Indiana

- a) Program Development
- b) Articulation/Mobility
 - Teacher Education
- c) Accreditation/Certification
 - Clinical Facilities
 - Levels of Patient Care
 - Public Relations
 - Quality Health Care Delivery
 - Student Organizations
- d) Counseling/Guidance/Placement
 - Consumer Education
 - Finances/Funding
 - Health Care Costs

3) Iowa

- a) Program Development
- b) Accreditation/Certification
- c) Finances/Funding
- d) Levels of Patient Care
- e) Teacher Education

- f) Counseling/Guidance/Placement
 - Manpower- Supply/Demand
 - Minorities in Health Occupations
 - National/State Leadership.
- g) Articulation/Mobilization
 - Clinical Facilities
 - Consumer Education
 - Health Care Costs
 - Public Relations
 - Salaries

4) Kentucky

- a) Teacher Education
- b) Articulation/Mobility
- c) Accreditation/Certification
- d) Communication
- e) Student Organizations

5) Minnesota

- a) Levels of Patient Care
- b) Program Development
- c) National/State Leadership
 - Health Care Costs
- d) Communications
- e) Articulation/Mobility
- f) Accreditation/Certification
- g) Financing/Funding
- h) Teacher Education

6) Missouri

- a) Accreditation/Certification
- b) Levels of Patient Care
- c) Program Development
- d) Civil Rights
 - Counseling/Guidance/Placement
 - National/State Leadership
 - Communication
- e) Articulation/Mobility
 - Clinical Facilities
 - Financing/Funding
 - Liability Insurance
 - Minorities in Health Occupations
 - Quality Health Care Delivery
 - Salaries
 - Student Organizations
 - Unionism

7) Wisconsin

- a) Clinical Facilities
- b) Health Care Costs
- c) Levels of Patient Care
- d) Articulation/Mobility
- e) Communication
- f) Program Development
- g) Accreditation/Certification
- h) Financing/Funding
- i) Counseling/Guidance/Placement

- i) Manpower-Supply/Demand
- Minorities in Health Occupations
- Public Relations
- Quality Health Care Delivery
- Teacher Education

d. Region IV

1) Louisiana

- a) National/State Leadership
- b) Teacher Education

2) Mississippi

- a) Levels of Patient Care
- b) Financing/Funding

e. Region V

1) Colorado

- a) Articulation/Mobility
- Program Development
- b) Accreditation/Certification
- Administration of Health Occupations Programs
- Counseling/Guidance/Placement
- Financing/Funding
- Levels of Patient Care
- Minorities in Health Occupations
- Student Organizations

2) Idaho

- a) Levels of Patient Care
- b) Accreditation/Certification
- c) Health Care costs

3) Montana

- a) Administration of Health Occupations Programs
- b) Student Organizations

4) Utah

- a) National/State Leadership
- b) Clinical Facilities
 - Counseling/Guidance Placement
- c) Articulation/Mobility
 - Financing/Funding
 - Manpower Supply/Demand
 - Program Development

REGIONS/STATES	PRIORITY OF ISSUES																						
	Major Issues	Accreditation/ Certification	Articulation/ Mobilization	Clinical Facilities	Consumer Education	Counseling/Guidance/ Placement	Finances/Funding	Health Care Costs	Levels of Patient Care	Manpower-Demand/Supply	National/State Leadership	Program Development	Public Relations	Student Organizations	Teacher Education	Administration of H.O. Program	Civil Rights	Communications	Liability Insurance	Minorities in H.O.	Quality Health Care Delivery	Salaries	Unionism
Region I	1	3	7	8	6	5	4	2	3	6	1		9	6	9			9		6			
Region II				2			7	5	3	1	6		4	3									
Alabama							6	4		1	5		3	2									
Florida				1					2	3													
Region III	2	3	6	13	10	7	8	4	15	8	1	12	10	5		17	9	18	14	11	16	18	
Illinois	4	2	4	5	5	5		5	5	3	2	4	5	1					5	4			
Indiana	3	2	3	4	4	4	4	3			1	3	3	2						3			
Iowa	2	7	7	7	6	3	7	4	6	6	1	7		5					6	7			
Kentucky	3	2											5	1			4						
Minnesota	6	5				7	3	1		3	2			8			4						
Missouri	1	5	5		4	5		2		4	3		5			4	4	5	5	5	5	5	5
Wisconsin	7	4	1		9	8	2	3	9		6	9		9			5		9	9			
Region IV						2		1		1				2									
Louisiana										1				2									
Mississippi						2		1															
Region V	2	2	5		2	3	6	1	6	4	2		2		1					5			
Colorado	2	1			2	2		2					2		2					2			
Idaho	2						3	1															
Montana													2		1								
Utah		3	2		2	3			3	1	3												
NASAOE	5			3				1				4							2				

IV. Summary, Recommendations and Conclusions

In summary, this survey reflects the concerns of the responsive membership of AVA-HOE. However, consideration of the priority issues should be viewed only with understanding of the regional participation. Certainly, a region where only one or two states responded would heavily weigh the priorities. On the other hand, the variety of issues are highly reflective of the concerns of Region III as this area participated to a greater degree than some of the others. Keeping these factors in mind, the issues regarding levels of patient care, national and state leadership, accreditation and certification, program development and teacher education rank as the top five issues across the nation. Some of the issues rated equal value, when this occurred, the issues were placed together at the rating level indicated. An example of this is accreditation and certification and program development both of which ranked third in national concern.

Perhaps it would be noteworthy to comment on the concerns expressed that were primarily of local interest. This tendency shows up in the opinions on the major topics. Even though this localism is present in the responses, the national trends are still apparent and identifiable.

The result of this survey could be seen as a goal accomplished, a body of available information, or a point of reference. However, it would seem logical to utilize this information in a more active manner. Sharing this survey with interested individuals and groups at both the state and regional level would provide more opportunities for expanding upon what has already been achieved. In addition, further studies, perhaps more statistically sophisticated could be done on some of the major issues to better determine a course of action. Also, assigning the top priorities to appropriate AVA Committees for further follow up seems a likely choice.

Undoubtedly these suggestions are not mutually exclusive or exhaustive. The important point is to do something of value with the survey findings rather than to let them be useless because a decision could not be made on what to do.

Conducting such a survey is an experience within itself. Certainly the pitfalls have been many and learning has occurred by trial and error. The tendency has been to place emphasis on the lack of involvement and the failure to be thorough in the efforts to complete the task. Perhaps what is really being overlooked is the value of such an endeavor. The focus should be on the number who did become involved, those who did make a contribution, & the individuals whose energies reaped results. The survey itself was worth the doing for in the giving something is always received.